

Missouri Immunization Program Vaccine Order Form – LPHAs

INSTRUCTIONS: Please use this form to order vaccine. Indicate the **number of doses** needed. You must account for all previously shipped vaccine and wastage on the monthly accountability form.

Vaccines	Doses Ordered (Indicate No. of Doses)	Packaging Information
DTaP (<i>DAPTACEL</i>) Sanofi Pasteur	doses	10 single-dose vials (10x1)
DTaP (<i>Tripedia</i>) Sanofi Pasteur	doses	10 single-dose vials (10x1)
DTaP (<i>Infranrix</i>) GSK	doses	10 single-dose vials (10x1)
DTaP/HB/IPV (<i>Pediarix</i>) GSK licensed for doses 1, 2, 3 only	doses	10 single-dose vials (10x1)
DT Sanofi Pasteur less than 7 yrs of age	doses	10 single-dose vials (10x1)
EIPV (<i>IPOL</i>) Sanofi Pasteur	doses	10 dose vial
Hep A (<i>Havrix</i>) GSK 1+ yrs of age	doses	10 single-dose vials (10x1)
Hep A (<i>VAQTA</i>) Merck 1+ yrs of age	doses	10 single-dose vials (10x1)
Hep B (<i>Engerix</i>) GSK	doses	10 single-dose vials (10x1)
Hep B (<i>Recombivax</i>) Merck	doses	10 single-dose vials (10x1)
Hep B-Adult (<i>Engerix</i>) GSK 19+ yrs	doses	10 single-dose vials (10x1)
Hep B-Adult (<i>Recombivax</i>) Merck 19+ yrs	doses	10 single-dose vials (10x1)
Hep B/Hib (<i>COMVAX</i>) Merck	doses	10 single-dose vials (10x1)
Hib (<i>ActHIB</i>) Sanofi Pasteur 4-dose series	doses	5 single-dose vials with diluent (5x1)
Hib (<i>PedvaxHIB</i>) Merck 3-dose series	doses	10 single-dose vials (10x1)
HPV (<i>GARDASIL</i>) Merck Females 9 - 18 yrs of age - <u>VFC children only</u>	doses	10 single-dose vials (10x1)
MCV4 (<i>Menactra</i>) Sanofi Pasteur 11- 55 yrs of age	doses	5 single-dose vial (5x1)
MMR (<i>MMRII</i>) Merck	doses	10 single-dose vials with diluent (10x1)
Pneumo 23 (<i>Pneumovax</i>) Merck 2+ yrs	doses	5 dose vial
PNU 7 (<i>Prevnar</i>) Wyeth	doses	10 pre-filled syringes (10x1)
Rotavirus (<i>RotaTeq</i>) Merck 6 - 32 wks of age	doses	10 single-dose tubes (10x1)
Td (<i>DECAVAC</i>) Sanofi Pasteur 7+ yrs of age	doses	10 pre-filled syringes (10x1)
Td Massachusetts 7+ yrs of age	doses	15 dose vial
Tdap (<i>ADACEL</i>) Sanofi Pasteur 11- 64 yrs of age	doses	10 single-dose vials (10x1)
Tdap (<i>BOOSTRIX</i>) GSK 11 - 18 yrs of age	doses	10 single-dose vials (10x1)
Varicella (<i>Varivax</i>) Merck	doses	10 single-dose vials (10x1)
SIGNATURE and DATE	<u>Please assure that your address and pin number are provided below:</u>	
 VFC Use Only		

Rev 8/07

RETURN COMPLETED ORDER FORM TO:
Vaccines for Children Program, MODHSS
PO Box 570, Jefferson City, MO 65102
Phone: 800-219-3224 FAX: 573-526-5220